CRF-003 REV. 5/05 GEORGIA DEPARTMENT OF REVENUE REGISTRATION & LICENSING UNIT P. O. BOX 49512 ATLANTA, GA 30359-1512 404-417-4490 TSD-sales-tax-lic@dor.ga.gov



ADDITIONAL ADDRESS FORM (Complete Only If Necessary)

(PLEASE PRINT OR TYPE)

FOR OFFICE USE ONLY	LEGAL BUSINESS NAME:		
	ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the		
	☐ Sales & Use ☐ Withholding	☐ Alcohol	
	☐ Tobacco ☐ Amusement	☐Motor Fuel Distributor	
	ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS	
	NUMBER AND STREET, P. O. BOX, RFD NO.	FAX NUMBER	
	CITY STATE ZIP COUNTY	COUNTRY PHONE NUMBER	3
	ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the Sales & Use Withholding	ne address below.) Alcohol	
	☐ Tobacco ☐ Amusement	☐Motor Fuel Distributor	
	ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS	
	NUMBER AND STREET, P. O. BOX, RFD NO.	FAX NUMBER	
	CITY STATE ZIP COUNTY	COUNTRY PHONE NUMBER ()	₹
	ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the		
	☐ Sales & Use ☐ Withholding	Alcohol	
	☐ Tobacco ☐ Amusement	☐Motor Fuel Distributor	
	ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name)		
	NUMBER AND STREET, P. O. BOX, RFD NO.		
	CITY STATE ZIP COUNTY	COUNTRY PHONE NUMBER ()	₹
	ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the		
	☐ Sales & Use ☐ Withholding	∐ Alcohol	
	☐ Tobacco ☐ Amusement	☐Motor Fuel Distributor	
	ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name)		
	NUMBER AND STREET, P. O. BOX, RFD NO.	FAX NUMBER ()	
	CITY STATE ZIP COUNTY	COUNTRY PHONE NUMBER ()	7
SIGNATURE SECTION			
I HAVE EXAMINED THIS FORM, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT.			
	THAVE EXAMINED THIS FORM, AND TO THE BEST OF MIT KNOWLEDGE IT IS	STRUE AND CORRECT.	
	Signature Title	Date	
(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)			
,			,